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|---|--|--|--------------------------------------|----------------------------|---|--|---|------------------------|---|--|------------|
| ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.) | | | | | | Form Approved OMB No. 0704-0187 Expires Jun 30, 1997 | | PAGE 1 OF 2 | | | |
| Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503. | | | | | | | | | | | |
| PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6. | | | | | | | | | | | |
| 1. CONTRACT/PURCH ORDER NO. SP0500-02-D-0128 | | | 2. DELIVERY ORDER NO. 1149 | | 3. DATE OF ORDER (YYMMDD) 2004 AUG 25 | | 4. REQUISITION/PURCH REQUEST NO. YPC04238000499 | | 5. PRIORITY | | |
| 6. ISSUED BY DEFENSE SUPPLY CENTER COLUMBUS P.O. Box 3990 Columbus, OH 43218-3990 | | | CODE SP0700 | | 7. ADMINISTERED BY (If other than 6) SC0700 DEFENSE SUPPLY CENTER COLUM DSCC-LXCBU PH 614-692-1263 PO BOX 3990 (TRANS 1-800-456-5507) COLUMBUS, OH 43218-3990 | | | CODE SP0700 | | 8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other) | |
| 9. CONTRACTOR TAILORED LOGISTICS CORP 702 INCENTIVE DRIVE FORT WAYNE IN 46825-3274 | | | CODE 046U2 | | FACILITY CODE | | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD) | | 11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED | | |
| NAME AND ADDRESS | | | | | | | 12. DISCOUNT TERMS I/A/W/ BASIC CONTRACT | | 13. MAIL INVOICES TO SEE BLOCK 15 | | |
| 14. SHIP TO DO NOT SHIP TO ADDRESSES ON THIS PAGE SEE FOLLOWING PAGE SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM | | | CODE | | 15. PAYMENT WILL BE MADE BY DFAS COLUMBUS CENTER ATTN DFAS CO BVDPC/CC CONSTRUCTION 3990 E BROAD ST PO BOX 182317 FAS CUSTOMER SERVICE 1-800-756-4571 COLUMBUS, OH 43218-3990 | | | CODE S33181 | | MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER | |
| 16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. | | | | | | | | | | | |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE CG: 97X4930 5CC0 001 26.0 S33150 | | | | | | | | | | | |
| 18. ITEM NO. | | 19. SCHEDULE OF SUPPLIES/SERVICE | | | | 20. QUANTITY ORDERED/ACCEPTED* | | 21. UNIT | 22. UNIT PRICE | | 23. AMOUNT |
| | | Remarks: Terms and conditions are in accordance with Basic Contract. Vendor's copy was sent EDI. Do not duplicate shipment. | | | | | | | | | |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle. 24. UNITED STATES OF AMERICA BY: POPS Auto Award CONTRACTING/ORDERING OFFICER | | | | | | 25. TOTAL \$ 324.45 | | 29. DIFFERENCE | | | |
| 26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____ | | | | | | 27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 28. D.O. VOUCHER NO. | | 30. INITIALS | |
| 36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____ | | | | | | 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 32. PAID BY | | 33. AMOUNT VERIFIED CORRECT FOR | |
| 37. RECEIVED AT | | 38. RECEIVED BY (Print) | | 39. DATE RECEIVED (YYMMDD) | | 40. TOTAL CONTAINERS | | 41. S/R ACCOUNT NUMBER | | 42. S/R VOUCHER NO. | |
| | | | | | | | | | | | |

CONTINUATION SHEET

Order Number:

SP0500-02-D-0128 1149

PAGE OF PAGES

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SECTION B

ITEM DESCRIPTION NOT INCLUDED

Admin Location Code LLU

Required Delivery Date 267

000000000 Post Award Administrator NONE AVAILABLE

P/N TLCNVX233 Manufacturer's CAGE - 046U2

| <u>ITEM</u> | | <u>QTY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|-------------|----------------------|------------|-------------|-------------------|---------------|
| 7101 | PR YPC04238000499 | 1 | KT | 324.45 | 324.45 |
| | NSN 1005-01-466-0412 | | | | |

QTY VARIANCE: PLUS 0% MINUS 0%

INSPECTION POINT: DEST

ACCEPTANCE POINT: DEST

DELIVERY FOB: DESTINATION

BY: 2004 SEP 15

PARCEL POST ADDRESS:

SHORE INTERMEDIATE MAINTENANCE ACT

SIMA CODE 4000

3755 BRINSER ST SUITE 1

SAN DIEGO CA 921365299

FREIGHT ADDRESS:

N65918

SHORE INTERMEDIATE MAINTENANCE ACT

FLEET AND INDUSTRIAL SUPPLY CENTER

3985 CUMMINGS ROAD BLDG 116

SAN DIEGO, CA 92136-5000

M/F: (TCN) N6591842360123

PRIORITY: 13

END OF AWARD